Mine Accident, Injury and Illness Report

U.S. Department of Labor
Mine Safety and Health Administration



Section A - Identification Data Approved For Use Through 09/30/99 OMB Number 1						
MSHA ID Number	Contractor ID Report Catagory				Check here if report	
		☐ Metal/Nonr	netal Mining	Coal Mining	pertains to contractor	
Mine Name			Company Na	ame		
Section B - Complete for Each	Reportable Accident Im	mediately Reported	to MSHA			
Section B - Complete for Each Reportable Accident Immediately Reported to MSHA 1. Accident Code (circle applicable code - see instructions) 01 - Death 02 - Serious Injury					03 - Entrapment	
04 - Inundation	05 - Gas or Dust Igniti	ion 0	6 - Mine Fire	07 - Explosive	es 08 - Roof Fall	
09 - Outburst	10	- Impounding Dam	1.	1 - Hoisting	12 - Offsite injury	
2. Name of Investigator	3. Date Inve	estigation Started	4. Steps Ta	ken to Recurrence of	Accident	
	Month D	ay Year				
Section C - Complete for Each	Reportable Accident, Ir	njury or Illness				
5. Circle the Codes Which Best D			rred (see instructions)		
05 Culm Bank/Refuse Pile	face at Underground Mine 06 Dredge Mining 'ertical Shaft 02 Slo	30 Mill, Prepa 12 Other Surface Mini ppe/Inclined Shaft	ration Plant, etc. ing 17 Independ 03 Face 04 Inters	03 Strip/Open Pit Mine dent Shops (with own MSH section 05 Unde	04 Surface Auger Operation IA ID) 99 Office Facilities rground Shop/Office 06 Other	
(c) Underground Mining Method:	01 Longwall 02 Sh	nortwall 03 Conven	tional Stoping 05	Continuous Mining	06 Hand 07 Caving 08 Other	
6. Date of Accident	7. Time of Ad	ccident am	8. Time Shift	Started am		
Month Day Year		□ pm		□ pm	-	7
9. Describe Fully the Conditions 0	Contributing to the Accid	dent/Injury/Illness, an	d Quantify the Dama	ge or Impairment		
				_		
10. Equipment Involved	Model Number	10				
ro. Equipment involved	Type	Manufacturer			MAN	
						IVIZIN
11. Name of Witness to Accident	:/Injury/IIIness		er of Reportable Injur			
		Result	ing from This Occurr	ence		
13. Name of Injured/III Employee	14. Sex				15. Date of Birth Month Day Year	12
		□ Male □ Female				14
16. Last Four Digits of Social	17. Regular Job Title				19. Check if Injury/Illness	16
Security Number			resulted in permanent disability (include amputation, loss of use,	17		
				resulted in death.	& permanent total disability.	18
20. What Directly Inflicted Injury or Illness? 21. Nature of Injury or Illness						19
, , ,						20
22. Part of Body Injured	23 Occu	national liness (circle	applicable code - se	e instructions)		21
or Affected	21 Occupational Skin Diseases 24 Poisoning (toxic Materials)	22 24				
		Diseases of the Lungs Disorders (physical agent		ditions (toxic agents) (repeated trauma)	29 Other	
24. Employee's Work Activity Whe	n	Experience	·	Years Weeks		_
Injury or Illness Occurred		25. Experience in	This Joh Title		For Official Use Onl	ly
		26. Experience a			Degree	
					Accident Type	
27. Total Mining Experience 27. Total Mining Experience Answer 30 & 31 when case is closed Accident VI						
28. Permanently Transferred or		ed to Regular Job at		Number of Days 31. Number of Days		
Terminated (if checked,	Full Capacity	y (or item 28)	Konword			
complete items 29,30, &31)			(if none, enter 0)	Activity (if none, enter 0)	1 toyword	
	Month	Day Year		enter 0)		
Person Completing Form (name)		Title			J	
reison completing roim (name)		Title				
D. T. D D		A	Talaula N		_	
Date This Report Prepared (month	n, Day, year)	Area Code and	Telephone Number			
MSHA Form 7000-1, July 91 (revis	sed)					